

**CAMPER
INFORMATION
FORM****SELECT A PROGRAM**

- ☐ SUMMER FUN
☐ NATURE EXPLORERS
☐ TEEN DISCOVERY

PARTICIPANT INFORMATION

Last Name	First Name	Nickname	Sex	Age	D.o.b.
Address (street, city, zip code)					
School Participant Attends	Grade as of Sept. 2013	Additional hcc programs attending while at summer fun			

MEDICAL INFORMATION

Medications to be administered during program hours	Please List Any Allergies
Prescription Name, Prescribing Physician, Side Effects	
Does participant have identified special needs, physical, emotional, or learning disabilities? If so, please explain.	

PARENT/GUARDIAN INFORMATION

Mother's Name	Cell Phone	Home Phone	Do you have legal custody?
			<input type="radio"/> yes <input type="radio"/> no
Address (street, city, zip code)			
Place of Employment	Work Phone	Email Address	
Father's Name	Cell Phone	Home Phone	Do you have legal custody?
			<input type="radio"/> yes <input type="radio"/> no
Address (street, city, zip code)			
Place of Employment	Work Phone	Email Address	

CONTINUED ON NEXT PAGE

EMERGENCY INFORMATION (IF DIFFERENT THAN PARENT/GUARDIAN)

Name	Relationship	Work Phone	Cell Phone
Address (street, city, zip code)			Home Phone
Name	Relationship	Work Phone	Cell Phone
Address (street, city, zip code)			Home Phone
Participant has my permission to swim or wade during pool time and/or field trips.			
<input type="radio"/> yes <input type="radio"/> no			
Participant has my permission to swim in water above shoulder height.			
<input type="radio"/> yes <input type="radio"/> no			
Participant has my permission to sign him/herself out of camp.			
<input type="radio"/> yes <input type="radio"/> no sign in time _____ sign out time _____			

Please include further information regarding your child which you believe will be helpful to staff understanding your child and their needs. (Description of disabilities, limitations, child's temperament, behavior, and methods used to control behavior, etc.)

WAIVER: In consideration of my child(ren) being granted permission by the Town of Herndon, Virginia to participate in these programs and associated activities, I hereby release the Town of Herndon, Virginia and its officers, employees, agents, and volunteers from any and liability relating to or arising out of the above name's participation. I authorize the Town of Herndon and its officials, employees, agents, and volunteers, at any such person's discretion, to administer emergency first aid treatment, and at my expense, to obtain the services of a physician(s) and/or rescue squad and to authorize the same to affect such treatment of my child(ren) as the same deem advisable, if the participant becomes ill, the staff will notify the parent, and if requested by the staff, the parent will arrange to have the child picked up as soon as possible. Participants in activities sponsored or co-sponsored by the Parks and Recreation Department consent to the department's use of any photograph, film, videotape of the activity in any marketing or promotional material.

Parent/Guardian Name (print)	Parent/Guardian Signature

Herndon Parks and Recreation Department**Mailing Address**

P.O. Box 427
Herndon VA 20172

Physical Address

814 Ferndale Avenue
Herndon VA 20170

703-787-7300

www.herndon-va.gov



This form must be fully completed and returned to the department prior to child(ren) attending camp.